

Timothy P. Cahill
Treasurer and Receiver General

Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258

Eddie J. Jenkins
Chairman

2005 RENEWAL PROCEDURES

Enclosed is an application for renewal of your license for the 2005 calendar year.

Application for renewal of licenses for:

WHOLESALE'S IMPORTER'S
MANUFACTURER AND SELL
ALCOHOLIC BEVERAGES
FARMER-WINERY
FARMER-DISTILLERY
FARMER-BREWERY
PUB BREWERY
ALCOHOL
FARMER-DISTILLERY

ANY QUESTIONS, PLEASE CALL TERRI STRIANESE (617) 727-3040 x 21.

The SURETY BOND as required under M.G.L. Ch. 138, s. 70, should be submitted with your application. However, if this is not possible, please forward your renewal application noting that the Surety Bond will follow. The application will be processed, but no license can be issued until this Commission receives the Surety Bond.

PLEASE SUBMIT YOUR APPLICATION AND LICENSE FEE ON OR BEFORE NOVEMBER 30, 2004.

PAYMENT AND MAILING PROCEDURES

Please complete the enclosed Monetary Transmittal Form, attach your application and check (made payable to the Commonwealth of Massachusetts) and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

OUR WEBSITE ADDRESS: WWW.MASS.GOV/ABCC

NOTICE

This application is for RENEWAL of your present license only. Renewal approval is based on the information contained in the last APPROVED application you have on file with this Commission.

If you are applying for approval of changes within your entity, you must complete a separate application, checking on page 1:

Application For: _____ Other. List all specific changes, and highlight all changes from the last application filed.

THIS COMMISSION MUST APPROVE ALL CHANGES.

Renewal applicants need only submit one copy of the application and complete in full, the pages and questions listed below:

PAGE 1	Entire page	Complete in full
PAGE 2	Entire page	Complete in full (renewal applicants are not required to attach a floor plan.)
PAGE 3	#20 - #26a	Answer
PAGE 4	#26a, 31	Complete if individual or partnership Complete if corporation (Articles need not be submitted on renewals unless there have been changes to the articles presently on file with this Commission.)
PAGE 5	Entire page	Answer
PAGE 6	#38 - #43	Financial - Not required to be answered by renewal applicants. (If there have been any financial changes other than what is currently approved and on file with this Commission, a new application must be submitted.)
PAGE 7	Entire page	Signatures required and dated.
PAGE 8	Fees	Farmer-Winery – Farmer - Distillery and Farmer-Brewery applicants must check the estimated gallonage or barrelage to be produced.

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ALCOHOLIC BEVERAGE LICENSE APPLICATION

Applicants should complete the application in full. Where a question is not applicable, please enter N/A. Attach additional pages where necessary, clearly indicating what question is being answered. A complete application is required.

FOR NEW LICENSE, ORIGINAL AND ONE COPY of the completed application should be submitted to the Alcoholic Beverages Control Commission. It is the responsibility of the applicant to retain a copy of the application.

All fees must accompany the application at the time of filing.

PLEASE TYPE OR PRINT ALL INFORMATION

APPLICATION FOR (check one): ☐ New License ☐ License Renewal ☐ Other

If other, specify the change(s): _____

(Highlight all changes from last application filed.)

PLEASE INDICATE CLASS OF LICENSE DESIRED (check one):

1. ☐ WHOLESALE/IMPORTER'S (CH.138, S18)
 - a. ☐ All Alcoholic Beverages
 - b. ☐ Wine and Malt Beverages
 - c. ☐ Wines for Sacramental purposes only
2. ☐ MANUFACTURE AND SELL ALCOHOLIC BEVERAGES (CH.138,S19)
 - a. ☐ Alcoholic liquors
 - b. ☐ Wines
 - c. ☐ Malt beverages
3. ☐ FARMER-WINERY (CH.138, S19B)
4. ☐ FARMER-BREWERY (CH.138, S.19C)
- 4a. ☐ PUB-BREWERY (CH.138, S.19D)
- 4b. ☐ FARMER-DISTILLERY (CH.138, S19E)
5. ☐ ALCOHOL (CH.138, S76)
6. Applicant is an: ☐ Individual ☐ Partnership ☐ Corporation
7. Name to appear on the license: _____
8. Business name (d/b/a) if different: _____
9. Manager of Record: _____

10. Person who can be contacted concerning this application:

Name: _____

Address: _____

Telephone Number: () _____

10a. Attorney who can be contacted concerning this application:

Name: _____

Address: _____

Telephone Number: () _____

10b. Have you registered with the Food and Drug Administration? _____

FDA REGISTRATION NO. _____ DATE OF REGISTRATION: _____

PREMISES

Please attach a detailed floor plan of premises to be licensed, clearly delineate licensed from unlicensed areas.
(Floor plan not required if applicant has one presently on file).

11. Address of premises: Street: _____

City/Town: _____ Zip Code: _____

12. Telephone Number of Premises: (_____) _____

13. Address of Warehouse, if different than above: _____

14. Telephone Number of Warehouse: (_____) _____

15. Mailing Address:

16. Is the entire building to be licensed? _____ Yes _____ No

If no, please specify which floors are to be licensed, including the basement.

17. Please indicate the number of entrances and exits (including cellar bulkheads):

Entrances _____ Exits _____

18. Are there any internal connections to other licensed premises? ____ Yes ____ No

19. Do you lease out or otherwise provide space for any other person or entity to store alcoholic beverages?

____ Yes ____ No

If yes, please explain: _____

20. Do you provide transportation delivery service for any other person or entity?
_____ Yes _____ No

If yes, please explain:

21. Please give distance in feet or miles to the nearest Church or School from any storage location:

22. Do you (check one)

_____ Own _____ Lease or _____ Rent the premises to be licensed?

- 22a. **If owned**, how do you own the premises to be licensed?

_____ As an individual _____ Jointly _____ Corporation

_____ Other _____
(specify)

23. If you do not own the premises to be licensed, provide the following information about the owner:

Name: _____ Telephone number (_____) _____

Address: _____

24. If a lease or rental, provide the following information:

\$ _____ per _____
(Month, Year, etc.)

- 24a. Beginning date of lease: _____ Ending date of lease: _____

(SUBMIT A COPY OF THE LEASE/RENTAL AGREEMENT. LEASE/RENTAL AGREEMENT NOT REQUIRED IF APPLICANT HAS ONE PRESENTLY ON FILE.)

25. Were the premises previously licensed? _____ Yes _____ No

- 25a. By whom? _____
(Give Corporate or Individual's Name)

- 25b. When? _____
(Date)

INDIVIDUAL OR PARTNERSHIP

26. If applicant is an individual or partnership: List for each person.

Full Name	Home Address	Social Security No.	Date of Birth
--------------	-----------------	------------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____

- 26a. Is individual or are all partners United States citizens? _____ Yes _____ No

CORPORATION

THE FOLLOWING MUST BE FILED WITH THE COMMISSION:

- (a) Copy of your Articles of Organization as filed with the Secretary of State's Office. (Not required if applicant has a current copy on file with this Commission).
- (b) Copy of corporate vote authorizing an officer to sign this application, and appointing a General Manager. (Corporate vote required for new applicants, renewal applications and for appointment/change of manager).
27. How many shares of stock are authorized? _____
28. How many shares of stock are issued? _____
29. Provide the following information for the license manager, all officers, directors and stockholders.

Title	Full Name	Home Address	Date of Birth	SS#	Shares of Stock Owned or Controlled
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 29a. If the application is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ____ Yes ____ No
2. Are the majority of directors citizens of Massachusetts? ____ Yes ____ No
3. Is the manager or principal representative a U.S. citizen? ____ Yes ____ No

OWNERSHIP INTERESTS

30. Does any individual involved directly or indirectly, either as an individual (sole proprietor), or the individuals within a partnership, or an individual member of a corporation serving as an officer, director or shareholder of such applicant corporation, or a member of any of these individual's immediate family (Spouse, children, parents or siblings), or any person or entity with a beneficial or financial interest in this license, have any interest in any other Massachusetts alcoholic beverages license, permit or certificate? _____ Yes ____ No

If yes, complete the following for each person or entity.

Full Name	Relationship to Applicant	Type of License	License Name	License Address	Description Of Interest
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

31. Does the applicant itself hold an interest in any other liquor license, permit or certificate?
_____ Yes _____ No

If yes, state the following:

License Name	License Address	Type of Description	License of Interest
--------------	-----------------	---------------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

32. Has any person or entity identified in this license application ever been involved directly or indirectly in an alcoholic beverage license, permit or certificate suspension, revocation, or cancellation? _____ Yes _____ No

If yes, provide the following information:

Date of action, license name and reason why the license, permit or certificate was suspended, revoked or cancelled.

FINANCIAL

33. Total Purchase Price: \$

34. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	Premise: \$	

Other assets: _____

35. How financed and terms of Financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

(Submit all financial documents pertaining to this transaction.)

36. Have you or your company received any financial aid from any person or entity, foreign or domestic, holding any type of alcoholic beverage license, permit or certificate?
_____ Yes _____ No

(If yes, please state the details.)

37. Has any person or entity, foreign or domestic, licensed for the sale of alcoholic beverages any financial interest in the business for which you seek a license?
_____ Yes _____ No

(If yes, please state the details.) _____

38. Will this license be pledged? _____ Yes _____ No

If yes, to whom? _____

39. Will the inventory be pledged: _____ Yes _____ No

If yes, specify to whom _____

40. If a corporation, will any stock be pledged? _____ Yes _____ No

If yes, to whom and how much: _____

41. List all suppliers with which your company is presently doing business (A computerized printout may be submitted.):

SUPPLIER NAME	ADDRESS	FDA REGISTRATION NO.
---------------	---------	----------------------

_____	_____	_____
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42. List other Massachusetts Wholesaler/Importer (s) who are distributing your product(s) and the product(s) each distributes:

WHOLESALER/IMPORTER	PRODUCTS DISTRIBUTED
---------------------	----------------------

_____	_____
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NOTE: Any alteration or supplementation to questions numbers 41 and 42 are to be forwarded to this Commission.

43. THE FOREGOING STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

- (a) Each Individual applicant must sign.
- (b) Application by a partnership must be signed by a majority of the partners.
- (c) Application by a corporation must be signed by an officer authorized to do so by a vote of the corporation's board of directors. (A copy of the vote of authorization must be included.)

_____	_____
Signature	Title

_____	_____
Signature	Title

_____	_____
Signature	Title

_____	_____
Signature	Title

The foregoing statements are signed and subscribed to under the penalty of perjury, this

_____ day of _____, 20_____.

PURSUANT TO M.G.L. CH 62C, SEC. 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT THE APPLICANT, TO MY BEST KNOWLEDGE AND BELIEF, HAS FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

DATE _____

(IF INDIVIDUAL, SOCIAL SECURITY NUMBER)

(IF CORPORATION, SIGNATURE OF CORPORATE OFFICER)

DATE _____

(IF CORPORATION, FEDERAL IDENTIFICATION NUMBER)

204 CMR 2.00

REGULATIONS OF THE ALCOHOLIC BEVERAGES CONTROL COMMISSION

2.01: LICENSES AND PERMITS

SECTION 8: *All applications shall be made under the penalties of perjury and any false statement contained in any application shall be a cause or ground for refusing to grant the license or permit or for suspending, canceling or revoking a license or permit already granted.*

(THIS SECTION TO BE COMPLETED BY THE A.B.C.C. INVESTIGATOR)

APPLICATION INFORMATION REVIEWED BY:

A.B.C.C. INVESTIGATOR'S SIGNATURE

DATE _____

ONSIGHT INSPECTION CONDUCTED:

 YES **NO**

ANNUAL LICENSE FEES

<u>LICENSE TYPE</u>	<u>LICENSE FEE</u>	<u>SURETY BOND IN PENAL SUM OF</u>
<u>WHOLESALE/IMPORTER</u>		
All alcoholic beverages	\$10,000.00	\$6,000.00
For wine and malt Beverages only	\$5,000.00	\$3,000.00
For wines Sacramental use only	\$3,000.00	\$3,000.00
<u>MANUFACTURER/WHOLESALE</u>		
All alcoholic beverages	\$9,000.00	\$10,000.00
Wines/Malt beverages only	\$4,500.00	\$10,000.00
<u>FARMER/WINERY - FARMER-DISTILLERY</u>	\$22.00 - \$110.00	\$3,000.00
Check estimated gallonage to be produced per year.		
5000 or less	\$22.00 ()	
more than 5000 less than 20,000.....	\$44.00 ()	
more than 20,000 less than 100,000.....	\$82.00 ()	
more than 100,000 less than 200,000.....	\$110.00 ()	
more than 200,000 less than 1,000,000.....	\$110.00 ()	
each additional 1,000,000 gallons.....	\$110.00 ()	
<u>FARMER-BREWERY</u>	\$22.00 - \$110.00	\$3,000.00
Check estimated barrelage to be produced per year.		
5000 or less	\$22.00 ()	
more than 5000 less than 20,000.....	\$44.00 ()	
more than 20,000 less than 100,000.....	\$82.00 ()	
more than 100,000 less than 200,000.....	\$110.00 ()	
more than 200,000 less than 1,000,000.....	\$110.00 ()	
each additional 1,000,000 barrels.....	\$110.00 ()	
For the above purposes, a barrel shall be 31 gallons.		
PUB-BREWERY	\$1,000.00	\$3,000.00
ALCOHOL LICENSE	\$500.00	\$1,000.00

ALL NEW APPLICANTS MUST SUBMIT THE FOLLOWING:

Copy of your Federal Basic Permit issued from the Department of the Treasury, Bureau of Alcohol, Tobacco, and Firearms.

If applicant is a corporation; approved copy of Articles of Organization issued by Secretary of State in Massachusetts.

If applicant is a corporation; Corporate vote Appointing a General Manager.

If applicant is an individual; Proof of United States citizenship and Massachusetts residency.

If applicant is a partnership; all partners shall be United States citizens and Massachusetts residents and shall submit proof of such.

APPLICANTS RENEWING THEIR LICENSE do not need to submit the items mentioned above UNLESS, there have been changes/amendments in the documents previously submitted.

ALL APPLICANTS MUST SUBMIT:

The appropriate license fee and Surety bond (fees payable to Commonwealth of Massachusetts.)

RENEWAL APPLICANTS: Completed application and requested documents MUST be received in this office prior to November 30 of each calendar year for renewal.

ALL APPLICANTS MUST SUBMIT:

The appropriate license fee and Surety Bond (fees are payable to the Commonwealth of Massachusetts.)

LICENSE AND PERMIT APPLICATION PROCEDURES

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY, IF YOU SHOULD HAVE ANY QUESTIONS, CONTACT THERESA STRIANESE, AT (617) 727-3040 x 21.

OUR WEBSITE ADDRESS: WWW.MASS.GOV/ABCC

Enclosed applications are for an alcoholic beverage license. Also, if requested, are applications for salesman and transportation permits.

PAYMENT AND MAILING PROCEDURES

**All applicants must complete the enclosed MONETARY TRANSMITTAL FORM.
Attach your payment and application (s) to the TRANSMITTAL FORM and MAIL TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396**

APPLICATION PROCEDURES

LICENSE AND BOND FEES CAN BE FOUND ON PAGE 9 OF THE APPLICATION.

Please complete the ENTIRE application. If a question is not applicable, answer N/A.
DO NOT LEAVE THE LINE BLANK.

TAX ATTESTATION (M.G.L. Chapter 62C, Sec, 49A), the tax attestation on page 8
of the application must be signed and dated as indicated.

The following documentation must be submitted with your application:

1. **FEDERAL BASIC PERMIT:**
Copy of your approved Federal Basic Permit issued by the Department of the Treasury, Bureau of Alcohol, Tobacco & Firearms.
2. **SURETY BOND (M.G.L. CH. 138, s. 70), EXECUTED BY AN INSURANCE COMPANY:**
The Surety Bond shall be signed by the licensee and shall contain a description of the licensed premises exactly as it appears on your application. The signature shall be witnessed and under seal.
3. **CORPORATE VOTE:**
If applicant is a corporation, a copy of the corporate vote appointing the general manager.
4. **FORM A**
Must be completed and signed by the proposed general manager (form enclosed).

5. ARTICLES OF ORGANIZATION:

If a corporation, certified copy of articles of organization as issued by the Secretary of State.

IF APPLICATIONS WERE REQUESTED:

6. SALESMAN/TRANSPORTATION APPLICATIONS

The salesman must complete and sign the front of the application. The back of the application must be completed and signed by an officer of the corporation.

(NOTE: Proof of Massachusetts residency is required for all new Salesmen).

ATTESTATION: Attestation to be completed and signed by the individual salesman with his/her Social Security Number.

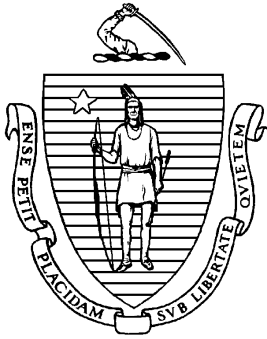
SALESMAN PERMIT FEE: \$200.00

TRANSPORTATION PERMIT FEE: \$150.00

- 7. TRANSPORT/DELIVER APPLICATIONS (FEE: \$150.00 PER VEHICLE)** Complete one transportation application signed by an officer of the corporation, indicate the number of vehicles to be licensed for each vehicle and attach a listing of the VEHICLE IDENTIFICATION NUMBERS.

ATTESTATION: Complete ONE attestation, signed by an Officer of the corporation to cover all vehicles you wish licensed.

NOTE: IF A VEHICLE IS LEASED OR RENTED, A COPY OF THE LEASING OR RENTAL AGREEMENT MUST ACCOMPANY THE TRANSPORTATION APPLICATION. (THIS IS ALSO REQUIRED FOR LEASED/RENTED VEHICLES OF SALESMEN.)



**The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114**

**Form A
Licensee Personal Information Sheet**

THIS FORM MUST BE COMPLETED FOR EACH:

- _____ A. NEW LICENSE APPLICANT
- _____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- _____ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE
ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you
can be reached during the day).
DAY TIME # _____ HOME # _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: _____ YES _____ NO 8A. WHERE ? : _____
9. ARE YOU A U. S. CITIZEN: _____ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or
Naturalization Papers)
11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

_____ YES _____ NO (**MUST CHECK EITHER YES OR NO**)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO

IF YES, PLEASE DESCRIBE: _____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ **DATE:** _____

MONETARY TRANSMITTAL

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

# OF PERMITS, LICENSES, CERTIFICATES				
<u>LICENSE</u>	<u>REV.</u>	<u>CERTIFICATES</u>		
<u>NAME</u>	<u>CODE</u>	<u>REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
COMMERCIAL ALCOHOL	3008	_____	\$ 500.00	\$ _____
MANUFACTURERS, ALC. BEV.	3005	_____	\$ 9000.00	\$ _____
FARMER WINERY	3005	_____	\$22.00 - \$110.00	\$ _____
FARMER BREWERY	3005	_____	\$ 22.00 - \$110.00	\$ _____
FARMER-DISTILLERY	3005	_____	\$ 22.00 - \$110.00	\$ _____
PUB BREWERS	3005	_____	\$ 1000.00	\$ _____
MANUFACTURERS, WINE & MALT	3005	_____	\$ 4500.00	\$ _____
WHOLESALE ALL AB	3006	_____	\$ 10000.00	\$ _____
WHOLESALE WM	3006	_____	\$ 5000.00	\$ _____
WHOLESALE SAC	3006	_____	\$ 3000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
STORAGE	3095	_____	\$ 2000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
CERTIFICATE OF COMPLIANCE				
2.17 REGISTRATION	3095	_____	\$ 1000.00	\$ _____
CHECK TOTAL				\$ _____

10/03 REV.